

# Foster Family Home - Deficiency Report

Provider ID: 1-583246

Home Name: Rhoda Agliam, CNA

Review ID: 1-583246-10

94-396 Haaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/27/2021

Foster Family Home

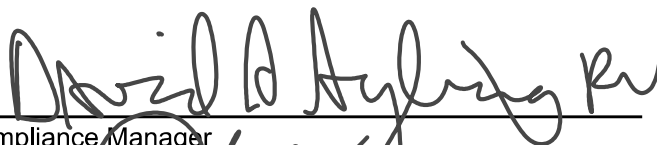

Required Certificate

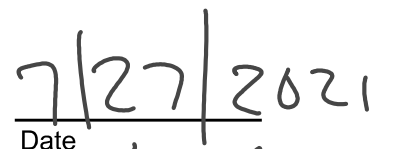
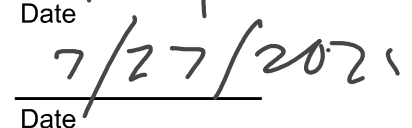
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date